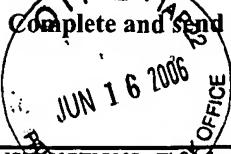


PAGE B - FEE(S) TRANSMITTAL



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David R. Syrowik

(Depositor's name)



(Signature)

June 14, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/688,417	10/17/2003	Khalil Najafi	UOM 0281 PUSP	2215

TITLE OF INVENTION: METHOD OF FABRICATING A PACKAGE WITH SUBSTANTIALLY VERTICAL FEEDTHROUGHS FOR MICROMACHINED OR MEMS DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/22/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
CHAMBLISS, ALONZO	2814		438-456000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 Brooks Kushman P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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Ann Arbor, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature _____

Date June 14, 2006

Typed or printed name

David R. Syrowik

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